PTO/SB/22 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031

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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  |                  | Docket Number (Optional)           |                   |
|---|------------------|------------------------------------|-------------------|
| FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)   |                  | N981                               | 0.0032/P032       |
|   |                  | Filed S                            | entember 17, 2002 |
| Application Number 10/663,817-Conf. #4  | 1051             | Filed Se                           | eptember 17, 2003 |
| For BUCCAL, POLAR AND NON-POLAR SPRAY OR CAPSULE  |                  |                                    |                   |
| Art Unit 1616   |                  | Examiner                           | M. Haghighatian   |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |                  |                                    |                   |
| The requested extension and fee are as follows (check   |                  |                                    |                   |
| O   | <u>Fee</u>       | Small Entity Fe                    | <u>se</u><br>\$   |
| One month (37 CFR 1.17(a)(1))   | \$120            | \$60                               |                   |
| Two months (37 CFR 1.17(a)(2))  | \$450            | \$225                              | \$                |
| Three months (37 CFR 1.17(a)(3))  | \$1020           | \$510                              | \$                |
| X Four months (37 CFR 1.17(a)(4))   | \$1590           | \$795                              | \$ 795.00         |
| Five months (37 CFR 1.17(a)(5))   | \$2160           | \$1080                             | \$                |
| X Applicant claims small entity status. See 37 CFR 1.27.  |                  |                                    |                   |
| A check in the amount of the fee is enclosed.   |                  |                                    |                   |
| X Payment by credit card. Form PTO-2038 is attached.  |                  |                                    |                   |
| The Director has already been authorized to charge fees in this application to a Deposit Account.   |                  |                                    |                   |
|   |                  |                                    |                   |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-1073 I have enclosed a duplicate copy of this sheet.  |                  |                                    |                   |
|   |                  |                                    |                   |
| I am the applicant/inventor.  |                  |                                    |                   |
| assignee of record of the entire interest. See 37 CFR 3.71.   |                  |                                    |                   |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |                  |                                    |                   |
| attorney or agent of record. Re   | gistration Numbe | r54,499                            | ·                 |
| attorney or agent under 37 CFR 1.34.  |                  |                                    |                   |
| Registration number if acting under 37 CFR 1.34   |                  |                                    |                   |
| ( Charle  |                  | February 7, 2007                   |                   |
| Signature   |                  | Date                               |                   |
| Elizabeth Parsons  Typed or printed name  |                  | (202) 420-2611<br>Telephone Number |                   |
| Typed or printed name   |                  | •                                  |                   |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |                  |                                    |                   |
| Total of forms are submi  | tted.            |                                    |                   |

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